

APR 8 1953

Artist LUCILLE SHAW (Please print plainly)

Telephone No. ED 1-1253 Address 21711 AVALON DR 16
Zone No.

Please Enclose Registration Fee of \$2.00 (Check or Money Order) With Entry Blank

[illegible]

Entry blanks must be filled out and returned to the Museum on or before April 7, those postmarked later than April 7 will not be accepted.

Entries must be delivered at the Museum between 9 A.M. and 5 P.M. from April 11 to April 18 (except Sunday).

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